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| 38933 | 7590 09/21 | /2007 | nav | | | |
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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | . CONFIRMATION NO. |
| 10/665,802 | 09/18/2003 | | Darrin W. Kabel | | 702.256 | 6140 |
| TITLE OF INVENTION: | METHODS, SYSTEM | S, AND DEVICES FOR | CONDITION SPECIFIC | ALERTS | | , |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E FEE TOTAL FEE(S) D | UE DATE DUE |
| nonprovísional | NO | \$1400 | \$0 | \$0 | \$1400 | 12/21/2007 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | |
| | | 3661 | 701-200000 | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| Garmin | Ltd. | | Cayman I | islands | | |
| Please check the appropria | te assignee category or | categories (will not be pr | inted on the patent): | Individual 💹 Co | orporation or other private | group entity 🗖 Government |
| 4a. The following fce(s) are submitted: ✓ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies | | | b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501-79 (enclose an extra copy of this form). | | | |
| 5. Change in Entity Statu | s (from status indicated | l above) | | | | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in | | | | | | |
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| Authorized Signature | 1 | 11 | · · · · · · · · · · · · · · · · · · · | Date | 10-10-2007 | |
| Typed or printed name | Samuel M | . Korte | | Registration N | o. <u>56557</u> | |
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